

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 10/05/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 10/05/2004						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	11	3419	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	5	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	3424	3459	35
3404902	BLUE RIDGE COMM UNITY	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404904	WESTERN HIGHLAN DS LME	8517	237	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	235	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	52	971	3210	2239
		21	175	DUPLICATE OF CLAIM-SYSTEM				
3404905	TREND COMM MENT AL HLTH CTR	8525	98	CLAIM DENIED, REFERRING PROVID ER MUST BE AN LMA.				
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	99	99	0
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404910	PATHWAYS	8518	2338	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
		8517	730	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	3	3466	4676	1210
		8329	176	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404912	CATAWBA COUNTYM ENTAL HEALT	11	13	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	13	13	0
3404913	MECKLENBURG COM ENTAL HEALT	8933	1608	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	1389	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2791	6330	16786	10456
		11	903	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404916	CROSSROADS BEHA VIGORAL HEAL	8517	506	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8518	494	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	1	1237	6860	5623
		8599	127	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404917	CENTERPOINT HUM AN SERVICES	11	3735	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8931	345	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	437	4886	9229	4343
		8599	320	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404918	ROCKINGHAM CO M ENTAL HEALT	11	151	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	92	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	44	312	1859	1547
		8935	32	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404919	GUILFORD CO MEN TAL HEALTHC	8599	373	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	74	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	147	735	7085	6350
		8935	49	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404920	ALAMANCE CASWEL L AREA MH D	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404921	ORANGE PERSON C HATHAM AREA	8329	1900	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		5312	458	PRIOR AUTHORIZED DOLLARS EXCEE DED	42	3204	9499	5295
		21	385	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	8329	766	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		11	516	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	2176	6339	4163
		8599	392	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	VGFW AREA AUTHO RITY	8599	207	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	107	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	356	2810	2454
		191	15	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				

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3404925	SANDHILLS CENTE R FOR MH/DD	21	2330	DUPLICATE OF CLAIM-SYSTEM				
		8599	382	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	194	3879	6478	2599
		8517	271	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	713	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	564	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	939	3754	12641	8887
		120	425	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404927	CUMBERLAND CO M HC	8599	272	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	242	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	3	1022	3885	2863
		8517	216	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404929	LEE HARNETT MH/ DD/SAS	21	688	DUPLICATE OF CLAIM-SYSTEM				
		11	135	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	940	1787	847
		8599	55	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MNTL HLTHC	8931	183	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	85	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	219	456	5531	5075
		10	78	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404931	WAKE CO HUM SVC BILLING OF	11	185	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		143	4	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	2	193	205	12
		23	2	SERVICE REQUIRES PRIOR APPROVA L				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	208	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8000	39	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	50	403	5803	5400
		8931	35	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

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3404934	ONslow COUNTY B EHAVIORAL H	8599	163	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	36	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	293	1472	1179
		8326	27	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8518	77	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
		8621	29	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	36	179	3714	3535
		8931	21	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGEcombe NASH MNTL HLTH C	8517	157	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		21	97	DUPLICATE OF CLAIM-SYSTEM	5	407	3879	3472
		8599	43	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404938	VGFW DBA RIVERS TONE COUNSE	8599	70	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		24	40	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	22	159	2751	2592
		21	20	DUPLICATE OF CLAIM-SYSTEM				
3404939	NEUSE MENTAL HE ALTH CENTER	10	136	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
		8329	91	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	340	2113	1773
		11	76	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404941	PITT CO MH/DD/S AS CENTER	8329	1078	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		21	303	DUPLICATE OF CLAIM-SYSTEM	64	2117	3088	971
		537	230	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404942	ROANOKE CROWANNE UMAN SERVIC	8935	10	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	8	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	23	41	541	500
		8931	7	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

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3404943	ALBEMARLE MENTAL HEALTH CE	11	14	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8518	2	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	0	16	24	8
3404944	EASTPOINTE HUMAN SERVICES	8599	186	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	97	DUPLICATE OF CLAIM-SYSTEM	120	548	5266	4718
		8931	69	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPFS.				
3404946	FOOTHILLS AREA MENTAL HEALTH	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404957	TIDE LAND MENTAL HEALTH CTR	537	109	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE				
		8931	93	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPFS.	182	745	2258	1513
		8518	58	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404959	DAVIDSON COMMUNITY MENTAL HEALTH CT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREA MENTAL HEALTH/DRUG/SAFETY PROGRAM	7007	450	EXCEEDS MAXIMUM UNITS ALLOWED PER MONTH(S)				
		11	188	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	753	4779	4026
		10	65	DIAGNOSIS OR SERVICE INVALID FOR OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				